# Facilities

CONTINUING *Care*

British Columbia
Ministry of Health and
Ministry Responsible for Seniors

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# CONTINUING CARE DIVISION

*STANDARDS*

*FOR*

*RESIDENTIAL CARE SERVICES*

*(FACILITIES)*

*MAY, 1992*

*Developed by the*

**Continuing Care Division, Ministry of Health and Ministry Responsible for Seniors, Province of British Columbia**

*In cooperation with the*

**British Columbia Association of Private Care**

**British Columbia Health Association**

**British Columbia Association of Community Care**

## *ACKNOWLEDGEMENTS*

The Standards for Residential Care Services (Facil'ties) have evolved from the efforts of the many individuals and organizations who shared their knowledge, experience, and expectations. This support and assistance is gratefully acknowledged. Working together, we have developed a proactive, cooperative approach to assuring the quality of care and quality of life for Continuing Care Division clients throughout British Columbia.

Special appreciation is extended to the members of the Steering Committee who gave so generously of their time and energy to develop this Handbook, and to those who assisted in the process of refining the proposed Standards through their expertise and good judgement.

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## *INTRODUCTION*

The mandate of the Quality Assurance Branch is to develop and manage a comprehensive quality assurance program to establish and maintain performance standards for all client services contracted, purchased, or delivered directly by the Continuing Care Division.

The mission of the Quality Assurance Branch is to promote and maintain excellence in Continuing Care Division performance and in the delivery of client services. This is accomplished through the quality assurance process of standards setting, education, consultation, monitoring and evaluation.

Quality Assurance activities are based on the following principles and values:

* the involvement and responsibility of the health care industry and the community to promote and maintain excellence in the delivery of client services
* the individuality of each client
* the enhancement of performance through consultation and education
* the encouragement of self-evaluation
* the recognition of excellence
* the responsibility of government to articulate and evaluate the quality of care purchased on behalf of the clients
* quality performance as a shared commitment and responsibility at all levels of an organization.

The Quality Assurance Branch is committed to the achievement of an optimal quality of care. An ongoing process of review and development will ensure that the Continuing Care Division's Quality Standards remain responsive to the changing needs of clients and service providers.

### *What is Quality Assurance?*

Quality assurance is many things. To some, it is an ongoing self-evaluation process; to others, it is an information system for improving the efficiency and effectiveness of an organization. Many see it primarily as a management tool; others view it as an educational process. Still others may describe it as an approach to problem identification and problem solving; or as a method to monitor compliance with a predetermined standard of performance. Quality assurance is sometimes defined in terms of risk management; or risk management is defined as an aspect of quality assurance.

One thing is clear...quality assurance **is all** of these things and more! Most importantly, quality assurance has emerged as an essential ingredient of every health care organization, one which touches and challenges management and staff at all levels.

It is an attitude, a commitment, a tangible expression of our personal values. But above all, it is a personal and organizational demonstration of **pride** in our own performance, as well as respect and concern for the well-being of the individuals for whom we provide care.

It is an **attitude** that conveys respect for the dignity and uniqueness of the individual, based on an awareness and appreciation of their role as a valued member of a family, a community, and a society.

It is a **commitment** to providing the best quality of caring in an environment that enables each individual to function at their personal best by fostering and supporting their strengths and capabilities.

It is a **value** statement that conveys the principles and philosophy which we individually bring to our daily tasks and interactions with others.

***How Were the Standards Developed?***

The development of these Quality Standards represents a significant shift in government's traditional approach to establishing and monitoring care standards.

In the past, the emphasis has primarily been on the enforcement of licensing legislation, through an inspection process, for the purpose of providing a degree of protection for the public. This approach defines the minimum acceptable requirements which the facility is required to meet in order to maintain a valid license, and concentrates on the enforcement of compliance in areas of proven non-compliance.

With the introduction of Quality Standards, the Continuing Care Division moved into a partnership with the Service Provider community. Together, we are setting goals that provide assurance to the consumer and the community of our mutual commitment to providing a high quality of care and quality of life for our clients. Consultation and collaboration are the key elements of this partnership approach.

The Standards for Residential Care Services (Facilities) have evolved with the active support and participation of Service Providers and their Associations. Because the development process has drawn heavily on the advice and expertise of the Service Provider community, the Standards reflect the good management practices which are evident in the majority of continuing care facilities across the Province.

The present Standards Handbook is simply another step in an ongoing process of development and refinement, based on our collective experience with the Standards. Working together, we will continue to demonstrate our commitment to quality caring.

***Who is the Quality Assurance Consultant?***

The focal point of the Continuing Care Division's Standards Review activities is the Quality Assurance Consultant, who works within an assigned geographical area. Visits are made to Service Providers on an ongoing basis and the Consultant is available at any time for consultation by telephone.

In most instances, the Consultant works independently on Standards Reviews; at other times, Consultants may work together as a team. Where additional resources would be beneficial, the Consultant may request the assistance of an Association staff member, a nutritionist, a pharmacist, an accountant, or a social worker.

The Consultant also relies on both formal and informal communication and contacts. The knowledge of local Continuing Care Division staff and Association staff is utilized to obtain a comprehensive overview of the facility, the services it provides, and its interaction with the community.

***How are Facility Efforts Recognized?***

Once the facility is actively working toward full implementation of the Standards for Residential Care Services (Facilities), the efforts of management and staff will be recognized with a Certificate, issued by the Continuing Care Division. The Certificate will be suitable for framing and acknowledge the facility's commitment to strive for excellence in the delivery of health care services.

***Industry Associations?***

The B.C. Association of Private Care, B.C. Association of Community Care (formerly the B.C. Long Term Care Association) and the B.C. Health Association, have actively participated in the development of the Standards for Residential Care Services (Facilities). Association staff continue to be available to their members for consultation and advice on any aspect of the Standards. The close links between the Division's Quality Assurance Consultants and the Associations also continue.

***Further Information?***

Comments or inquiries concerning the Continuing Care Division's Quality Standards or the Review Process are welcome, and should be directed to:

Director
Quality Assurance
Continuing Care Division
Ministry of Health
Parliament Buildings
Victoria, B.C.
V8V 4V7

Telephone: (604) 387-2525
Facsimile: (604) 387-2548

## *HOW TO USE THE HANDBOOK*

The Standards Handbook is designed to accomplish several goals:

* to clearly define expectations regarding the provision of care to clients of the Continuing Care Division

* to provide a means of self-evaluation and self-improvement

* to facilitate consultation and education

* to identify factors which impact on quality of care and quality of life

* to provide a quality assurance data base which will assist the Continuing Care Division in planning and development

* to assist Service Providers in the planning and organization of programs and services

* to provide achievable standards which will improve and enhance the well being of the client.

The Handbook is structured around the major areas of facility operations: administration; personnel; social environment; resident care services; physical environment.

Each Section is introduced by a statement of Principle which identifies the fundamental assumptions underlying each of the Standards within that Section. The various Standards relating to that Principle are then listed, along with a brief statement of the rationale for each standard.

Each Standard is accompanied by a set of Indicators, which provide a means of measuring and comparing the degree to which the Standard has been attained. The list of Indicators is not exhaustive, but it does suggest a cross section of desirable activities by the caregiver and of the conditions under which services are provided.

Many of the Indicators include examples. This does not suggest that these examples are the only appropriate response, it is simply to help clarify the intent of the statement and assist in focusing on the particular issue.

As the Handbook is designed to be used as a self-evaluation tool by the facility, as well as a consultative and measurement tool by the Quality Assurance Consultants, there is a mixture of yes/no answers and narrative responses.

The narrative responses provide an opportunity to describe specific actions, rather than just signifying a positive or negative response. The issues which are dealt with in this way are generally more subjective in nature. For example, we are interested to learn how you and your staff handle such concepts as treating the residents with dignity, courtesy and respect. Your responses will assist us in defining the current standard of practice and refining the Standards and Indicators over time.

A limited number of lines have been provided when a narrative response is expected. The purpose of this is to encourage you to provide a concise response by zeroing in on key items or actions. Long explanations are not necessary, but if additional space is required, there is a comment section at the end of each Standard, for your convenience.

A glossary is included in the Appendices to clarify the meaning of terms used throughout the Handbook.

## *PREPARING FOR A REVIEW*

In preparation for a Standards Review, either as an in-house planning and evaluation tool, or for a visit from the Quality Assurance Consultant, it is recommended that the facility Manager establish a small working committee to:

- discuss the purpose of a Standards Review.
- review the Standards Handbook.
- assign responsibility to specific staff members for completion of designated sections of the Standards Handbook.
- collate the responses.
- review the completed Standards Handbook to:
    - ensure that each section is complete.
    - ensure that responses are accurate.
    - consider if and how a negative response can be changed to a positive one.
    - consider the narrative responses to ensure they provide a comprehensive picture of facility programs and activities.
- assemble and review the relevant documentation (e.g., policy and procedure manuals; reports from inspection agencies; minutes of meetings).

During an on-site Standards Review the Quality Assurance Consultant will:

- meet with the facility Manager and department heads to discuss the purpose of the Standards Review, the anticipated duration of the visit, the follow-up report, and to respond to any questions.
- identify the source documents required for the Standards Review, such as:
    - individual resident records.
    - policy and procedure manuals.
    - job descriptions.
    - minutes of committee and board meetings.
    - general records that the facility Manager believes are relevant.

At the completion of the on-site Standards Review, the Quality Assurance Consultant will meet with the facility Manager and department heads to review the findings of the visit. Where there are specific items which require follow-up by the facility and/or a further visit, the Quality Assurance Consultant will provide written confirmation of these requirements.

*Notes:*

## *STANDARDS REVIEW*

**A. HANDBOOK COMPLETED/COMPILED BY:**

_____

*(name)* *(position)*

_____

*(date completed)*

**B. REVIEWERS:** _____

*(Quality Assurance Consultant)*

_____

*(Quality Assurance Consultant)*

_____

*(date of review)*

**C. REVIEW PERIOD:** _____

*(from)* *(to)*

**D. ACTION ITEMS:**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

## *FACILITY PROFILE*

The information detailed here will provide the Quality Assurance Consultant with an overview of the facility and its immediate surroundings. It will also assist in the compilation of province-wide data for research and analysis purposes.

If there are significant factors which are not included here, please feel free to add this information in the space provided for notes.

### A. THE FACILITY

1. Name of Facility_____
2. Address_____

   _____ Telephone_____
3. Health Unit_____
4. Ownership: Society_____ Proprietary_____
5. Facility Manager_____
6. Director of Resident Care_____
7. Licensure: Community Care Facility Act _____ Hospital Act _____
8. Facility Capacity
   _____ CCD Funded Beds
   _____ Respite Beds (CCD Funded)
   _____ Private-Pay Beds
   _____ Licensed Capacity
   _____ Other (please specify)

   _____
9. Does the facility operate an Adult Day Care Centre? Yes___ No___

   If yes, state approved capacity:_____
10. Does the facility operate a Meals-on-Wheels service? Yes___ No___

    If yes, state the average number of meals per week:_____
11. Does the facility operate any other service? Yes___ No___

    If yes, please describe:_____

    _____

    _____

## B. THE RESIDENTS

12. Number of residents on day of Review:

| | | | |
|---|---|---|---|
| Personal Care | _____ | Extended Care | _____ |
| Intermediate Care I | _____ | Respite Care | _____ |
| Intermediate Care II | _____ | Private-Pay | _____ |
| Intermediate Care III | _____ | Other | _____ |

If "Other", please specify_____

## C. THE BUILDING

13. Was the original building designed as a care facility? Yes____ No____
    If no, what was the building's original purpose and when was it converted to a care facility?_____
    _____
    _____

14. Date of original construction_____
    Date of subsequent major renovation/s_____
    _____
    _____

15. Is the building accessible by wheelchair? Yes_____ Partially_____ No_____
    Number of bedrooms designed to accommodate wheelchairs_____
    How many of these bedrooms are currently occupied by a resident who requires wheelchair access?_____
    Number of ensuite bathrooms designed to accommodate wheelchairs_____
    How many of these bathrooms are currently used by a resident who requires wheelchair access?_____

16. Number of entrances/exits accessible to the residents

| | | | |
|---|---|---|---|
| Main floor/wing | _____ | Other | _____ |
| Second floor/wing | _____ | Total | _____ |

## C. THE BUILDING (continued)

17. Number of floors (i.e., including the ground floor, how many stories high is the facility?)_____

18. Number of internal stairways used by residents_____

19. Number of elevators_____

    Does the elevator accommodate wheelchairs? Yes____ No____

    Does the elevator accommodate stretchers? Yes____ No____

20. Is there a segregated section for psychogeriatric care?

    Yes____ No____ If yes, state number of beds_____

    Does this area include a separate dining area? Yes____ No____

    Does this area include a separate activity area? Yes____ No____

    Does this area include a separate walking/exercise area?

    Yes____ No____ If yes, is the area indoors or outside?_____

21. Please list any additional in-house amenities for the residents such as a hair salon, library, tuck shop, physical therapy/exercise room, hobby shop, crafts room, etc.

    _____

    _____

    _____

*Notes:*

## D. THE SITE

Please draw a rough sketch of the site showing the general configuration of the facility. Identify any nearby hazards, such as a highway, busy intersection, railway tracks, steep bank, river, as well as safety features, such as fences or hedges. This will assist the Quality Assurance Consultant in understanding your particular location and the layout of your facility. If you have a recent snapshot of your facility, you may wish to include it here

# CONTINUING CARE DIVISION
# STANDARDS FOR
# RESIDENTIAL CARE SERVICES
# (FACILITIES)

## 1.0 ADMINISTRATION

### PRINCIPLE

*EFFICIENT MANAGEMENT AND ACCOUNTABILITY IS FUNDAMENTAL TO THE OPERATION OF EVERY FACILITY.*

### STANDARDS

1.1 OWNERSHIP AND RESPONSIBILITY

The governing body shall have the ultimate responsibility and accountability for the efficient and effective management of the facility.

1.2 ORGANIZATION CHART

The lines of authority and responsibility in the facility shall be demonstrated by a current organization chart.

1.3 MISSION STATEMENT

There shall be a clearly defined Mission Statement.

1.4 GOALS AND OBJECTIVES

There shall be clearly defined goals and objectives.

1.5 POLICIES AND PROCEDURES

Written policies and procedures shall be developed in sufficient detail to guide staff.

1.6 COMPLIANCE WITH LAWS AND REGULATIONS

The facility shall operate in compliance with the applicable federal, provincial and municipal laws and regulations.

## 1.0 ADMINISTRATION (continued)

### 1.7 FINANCIAL ADMINISTRATION

The governing body shall be financially accountable for providing the care services purchased on behalf of the resident by the Continuing Care Division.

### 1.8 RESIDENTS' FUNDS

The facility shall make every effort to protect the resident from financial exploitation.

### 1.9 QUALITY ASSURANCE

There shall be an internal, ongoing system to monitor and evaluate the operation of the facility and the services it provides.

## 2.0 PERSONNEL

### PRINCIPLE

*OPTIMAL PERFORMANCE OF ALL PERSONNEL IS ESSENTIAL TO THE EFFECTIVE PROVISION OF CARE AND TO THE EFFICIENT OPERATION OF THE FACILITY.*

### STANDARDS

2.1 PERSONNEL PRACTICES

There shall be personnel policies and procedures.

2.2 JOB DESCRIPTIONS

There shall be a current written job description for each position.

2.3 PERSONNEL SELECTION

Personnel shall be selected according to the qualifications, experience, attitude and education relevant to the position.

2.4 PERFORMANCE APPRAISAL

The job performance of each employee shall be appraised at regular intervals.

2.5 PERSONNEL FILE

There shall be a personnel file for each employee.

2.6 STAFF ORIENTATION AND DEVELOPMENT

A planned program of staff orientation and development shall be available to each employee.

## 3.0 SOCIAL ENVIRONMENT

### PRINCIPLE

*A SUPPORTIVE AND PROTECTIVE ENVIRONMENT PROMOTES AND ENHANCES THE OPTIMAL PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL WELL-BEING OF THE RESIDENTS.*

### STANDARDS

3.1 RESIDENTS' RIGHTS

Each resident has the right to individuality, and shall have this uniqueness recognized and respected.

3.2 RESIDENT LIVING

The governing body shall assist staff and residents to create a home-like and attractive environment.

3.3 SOCIAL SUPPORT

The facility shall have a system for assessing and addressing the ongoing social support needs of each resident.

3.4 PASTORAL SERVICES

Each resident shall have the freedom and support to pursue their own religious beliefs.

3.5 VOLUNTEER SERVICES

The facility shall actively encourage a Volunteer program.

## 4.0 RESIDENT CARE SERVICES

### PRINCIPLE

*ATTAINMENT AND MAINTENANCE OF THE RESIDENTS' OPTIMAL PERSONAL LEVEL OF FUNCTIONING, SELF-CARE AND INDEPENDENCE IS A BASIC GOAL OF RESIDENT-CENTERED CARE PLANNING. A HOLISTIC APPROACH IS REFLECTED IN AN INDIVIDUALIZED PLAN OF CARE, BASED ON REGULAR ASSESSMENT AND PROBLEM IDENTIFICATION.*

### STANDARDS

4.1 INDIVIDUALIZED CARE PLANNING

There shall be a current, individualized, written plan of care developed and implemented for each resident.

4.2 NURSING SERVICES

Each resident shall receive nursing services in accordance with their needs.

4.3 ACTIVITY PROGRAMS

Individual and group activities which meet the social and recreational interests, abilities and needs of each resident shall be provided.

4.4 NUTRITION SERVICES

Safe, nutritious, quality food that meets the nutritional, therapeutic, and social needs of the resident shall be provided.

4.5 MEDICAL SERVICES

Each resident is entitled to receive medical care as necessary.

4.6 DENTAL SERVICES

The promotion of oral and dental health shall be an integral component of the care planning for each resident.

## 4.0 RESIDENT CARE SERVICES (continued)

### 4.7 PHARMACEUTICAL SERVICES

There shall be a safe, secure system for the storage, control and administration of medication.

### 4.8 RESIDENT RECORDS

The facility shall maintain an accurate, comprehensive health record system to provide a basis for assessment and care planning.

### 4.9 SPECIAL SERVICES

Each resident shall receive specialized health care services in accordance with their needs.

# 5.0 PHYSICAL ENVIRONMENT

## PRINCIPLE

*THE SAFETY, COMFORT, AND WELL-BEING OF THE RESIDENTS IS INFLUENCED BY THE LOCATION, DESIGN AND MAINTENANCE OF THE FACILITY.*

## STANDARDS

### 5.1 PHYSICAL PLANT

The facility shall provide a clean, pleasant environment which is functionally suitable/adaptable to the provision of care and to the needs of the residents.

### 5.2 SAFETY

The facility shall be equipped, operated and maintained to promote a safe environment.

### 5.3 CONTINGENCY PLANS

The facility shall ensure appropriate care of the residents in the event of an internal or external crisis or disaster.

## *1.0 ADMINISTRATION STANDARDS*

*1.1 Ownership and Responsibility*

*1.2 Organization Chart*

*1.3 Mission Statement*

*1.4 Goals and Objectives*

*1.5 Policies and Procedures*

*1.6 Compliance with Laws and Regulations*

*1.7 Financial Administration*

*1.8 Residents' Funds*

*1.9 Quality Assurance*

# 1.0 ADMINISTRATION

## PRINCIPLE

*EFFICIENT MANAGEMENT AND ACCOUNTABILITY IS FUNDAMENTAL TO THE OPERATION OF EVERY FACILITY.*

The Continuing Care Division attaches particular importance to sound administrative practices in residential care facilities. Competent administration is the foundation for efficient and effective delivery of residential health care services and is vital to the coordination and harmony of the activities of all departments and personnel. Sound administration also facilitates planning and evaluation and is an essential component of responsible financial management.

In considering the matter of responsibility and authority, the Division holds that the governing body (whether an individual, a corporation, or a Society) has the ultimate responsibility and accountability for the operation of the facility. While authority for day-to-day operations may be delegated to a Manager, the governing body is responsible for the performance of that Manager and is therefore ultimately responsible for the operation of the facility.

## 1.1 STANDARD - OWNERSHIP AND RESPONSIBILITY

*THE GOVERNING BODY SHALL HAVE THE ULTIMATE RESPONSIBILITY AND ACCOUNTABILITY FOR THE EFFICIENT AND EFFECTIVE MANAGEMENT OF THE FACILITY.*

### RATIONALE

*The responsibility, accountability, channels of communication and delegated authority must be clearly understood by the governing body and the Manager for effective facility operation.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.1.1 | The ownership of the facility is identifiable. | ___ | ___ |
| | - name of legal owner:_____ | | |
| | _____ | | |
| 1.1.2 | There is a Manager who has the delegated authority for the day-to-day operation of the facility. | ___ | ___ |
| 1.1.3 | The authority, responsibility and duties delegated to the Manager by the governing body are clearly outlined in the Manager's job description and in facility policies. | ___ | ___ |
| 1.1.4 | The governing body, or its designated representative, and the Manager meet on a regular basis. | ___ | ___ |
| | - there are written, dated minutes of the meetings, with a distribution list where appropriate. | ___ | ___ |

*Comments:*

## 1.2 STANDARD - ORGANIZATION CHART

*THE LINES OF AUTHORITY AND RESPONSIBILITY IN THE FACILITY SHALL BE DEMONSTRATED BY A CURRENT ORGANIZATION CHART.*

### RATIONALE

*The organization chart is a simple descriptive tool which illustrates the relationship of all positions and departmental groupings and clearly delineates the lines of authority and responsibility, and channels of communication.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.2.1 | There is a written dated organization chart which: | | |
| | - describes the present organizational structure | ___ | ___ |
| | - shows the actual relationship of all positions and departments | ___ | ___ |
| | - shows the lines of authority and accountability. | ___ | ___ |
| 1.2.2 | A copy of the current organization chart is accessible to the staff. | ___ | ___ |

*Comments:*

## 1.3 STANDARD - MISSION STATEMENT

*THERE SHALL BE A CLEARLY DEFINED MISSION STATEMENT.*

### RATIONALE

*A clear mission statement provides a guiding principle for all facility operations.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.3.1 | There is a written Mission Statement which is consistent with the philosophy of the Continuing Care Division. | ___ | ___ |
| 1.3.2 | The philosophy expressed in the Mission Statement is communicated to interested parties: | | |
| | - to staff through the orientation program and policy and procedure manuals | ___ | ___ |
| | - to the residents and their family/friends through an information brochure provided at the time of admission | ___ | ___ |
| | - to others upon request. | ___ | ___ |
| 1.3.3 | The Mission Statement is reviewed on a regular basis by the governing body and Manager to assess its continued suitability. | ___ | ___ |
| | - date of last review: | | |

_____

*Comments:*

## 1.4 STANDARD - GOALS AND OBJECTIVES

*THERE SHALL BE CLEARLY DEFINED GOALS AND OBJECTIVES.*

### RATIONALE

*Goals and objectives should be consistent with the Mission Statement and form the basis for planning, operating, reviewing and revising programs and services.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.4.1 | There are goals and objectives developed for each department/service: | | |
| | - administration | ___ | ___ |
| | - personnel | ___ | ___ |
| | - social environment | ___ | ___ |
| | - resident care services | ___ | ___ |
| | - physical environment. | ___ | ___ |
| 1.4.2 | Goals and objectives are in writing. | ___ | ___ |
| 1.4.3 | Goals and objectives are available to staff. | ___ | ___ |
| 1.4.4 | Goals and objectives are reviewed and revised on a regular basis. | ___ | ___ |

- frequency of review:_____

_____

- subject to approval by:_____

_____

## 1.4 STANDARD - GOALS AND OBJECTIVES (continued)

1.4.5 Goals and objectives are consistent with the Mission Statement. ___ ___

*Comments:*

## 1.5 STANDARD - POLICIES AND PROCEDURES

*WRITTEN POLICIES AND PROCEDURES SHALL BE DEVELOPED IN SUFFICIENT DETAIL TO GUIDE STAFF.*

### RATIONALE

*Policies and procedures give direction to staff actions and should be consistent across shifts, departments and individuals. This can only be accomplished if the policies and procedures are documented in sufficient detail to enable staff to carry out the operations of the facility in a safe and consistent manner.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.5.1 | Facility and departmental policies and procedures are coordinated across the major operational areas: | | |
| | - administration | ___ | ___ |
| | - personnel | ___ | ___ |
| | - social environment | ___ | ___ |
| | - resident care services | ___ | ___ |
| | - physical environment. | ___ | ___ |
| 1.5.2 | There are policies and procedures developed for each component service as appropriate. | ___ | ___ |
| 1.5.3 | Policies and procedures are clearly written and are in sufficient detail to give adequate direction to staff. | ___ | ___ |
| 1.5.4 | Policies and procedures are accessible to staff. | ___ | ___ |
| 1.5.5 | Policies and procedures are communicated to staff: | | |
| | - upon implementation | ___ | ___ |
| | - upon revision. | ___ | ___ |

## 1.5 STANDARD - POLICIES AND PROCEDURES (continued)

1.5.6 There is evidence that policies and procedures are reviewed at regular intervals and revised as necessary. ___ ___

- frequency:_____

- date of last review:_____

*Comments:*

## 1.6 STANDARD - COMPLIANCE WITH LAWS AND REGULATIONS

*THE FACILITY SHALL OPERATE IN COMPLIANCE WITH THE APPLICABLE FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND REGULATIONS.*

### RATIONALE

*Compliance with relevant legislation is mandatory.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.6.1 | The governing body and Manager have copies of relevant legislation, which may include: | | |
| | - Continuing Care Act | ___ | ___ |
| | - Community Care Facility Act and Adult Care Regulations | ___ | ___ |
| | - Hospital Act | ___ | ___ |
| | - Workers Compensation Act | ___ | ___ |
| | - Employment Standards Act | ___ | ___ |
| | - Coroners Act | ___ | ___ |
| | - Society Act | ___ | ___ |
| | - Company Act. | ___ | ___ |
| 1.6.2 | A record is maintained of all written corrective orders issued by inspecting and examining bodies (e.g., requirements of the local Assistant Fire Commissioner; Inspector of Private Hospitals; Licensing Officer) and of the actions taken as a result of such orders. | ___ | ___ |

*Comments:*

## 1.7 STANDARD - FINANCIAL ADMINISTRATION

*THE GOVERNING BODY SHALL BE FINANCIALLY ACCOUNTABLE FOR PROVIDING THE CARE SERVICES PURCHASED ON BEHALF OF THE RESIDENT BY THE CONTINUING CARE DIVISION.*

### RATIONALE

*The government purchases services from the facility on behalf of Continuing Care Division clients and therefore holds the governing body accountable for how those funds are spent.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.7.1 | The Manager administers an internal financial system which is compatible with the financial reporting requirements of the Continuing Care Division. | ___ | ___ |
| 1.7.2 | There is a current listing by room number of all preferred accommodation charges authorized by the Continuing Care Division. | ___ | ___ |
| | - list is available on request. | ___ | ___ |
| 1.7.3 | There is a current listing of approved resident charges (e.g., user charge, items and services which are the responsibility of the client). | ___ | ___ |
| | - list is available on request. | ___ | ___ |
| 1.7.4 | The resident and/or the family is informed in writing of relevant, approved surcharges (e.g., for preferred accommodation) prior to admission. | ___ | ___ |

*Comments:*

## 1.8 STANDARD - RESIDENTS' FUNDS

*THE FACILITY SHALL MAKE EVERY EFFORT TO PROTECT THE RESIDENT FROM FINANCIAL EXPLOITATION.*

### RATIONALE

*The fact that an individual resides in a group setting suggests diminished autonomy and increased vulnerability. The facility therefore has a responsibility to protect that individual from financial exploitation.*

| INDICATORS | YES | NO |
|---|---|---|
| 1.8.1 There are policies and procedures which include: | | |
| - a statement, consistent with the policies of the Continuing Care Division, regarding "Personal Needs Funds" and personal valuables | ___ | ___ |
| - a full accounting to the resident or their representative upon request, for funds or valuables which are held in safekeeping by the facility | ___ | ___ |
| - a requirement that "Personal Needs Funds" administered by the facility for the residents be included in the annual audit of the facility's funds | ___ | ___ |
| - referral to the Public Trustee where appropriate | ___ | ___ |
| - a statement regarding protection of residents from solicitation of funds or valuables | ___ | ___ |
| - a statement regarding facility staff or the governing body soliciting or accepting gifts or gratuities from residents | ___ | ___ |
| - a statement requiring that staff report all offers of gifts or money to the immediate supervisor. | ___ | ___ |

## 1.8 STANDARD - RESIDENTS' FUNDS (continued)

1.8.2 Prior to admission, where possible, the resident, or the family, receives written information on the policies of the facility concerning the management of residents' monies and valuables. ___ ___

*Comments:*

## 1.9 STANDARD - QUALITY ASSURANCE

*THERE SHALL BE AN INTERNAL, ONGOING SYSTEM TO MONITOR AND EVALUATE THE OPERATION OF THE FACILITY AND THE SERVICES IT PROVIDES.*

### RATIONALE

*Ongoing monitoring assists the facility to compare actual practice against desired practice. The process of identifying variances provides a good basis for future planning.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 1.9.1 | There is evidence of ongoing, systematic evaluation in each service/department. | ___ | ___ |
| 1.9.2 | There is evidence of ongoing supervision of all staff. | ___ | ___ |
| 1.9.3 | Deficiencies identified through the Quality Assurance process are addressed to the extent possible (e.g., performance is measured against established standards for the department or service). | ___ | ___ |
| 1.9.4 | Staff have an opportunity to: | | |
| | - participate in the Quality Assurance process | ___ | ___ |
| | - be informed of results. | ___ | ___ |

*Comments:*

## *2.0 PERSONNEL STANDARDS*

*2.1 Personnel Practices*

*2.2 Job Descriptions*

*2.3 Personnel Selection*

*2.4 Performance Appraisal*

*2.5 Personnel File*

*2.6 Staff Orientation and Development*

## 2.0 PERSONNEL

### PRINCIPLE

*OPTIMAL PERFORMANCE OF ALL PERSONNEL IS ESSENTIAL TO THE EFFECTIVE PROVISION OF CARE AND TO THE EFFICIENT OPERATION OF THE FACILITY.*

Sound personnel practices are essential to the achievement of organizational objectives as well as to employee satisfaction and development. Awareness of personal responsibilities and employer expectations, together with knowledge and understanding of the terms and conditions of employment, contribute to effective staff performance.

The number and type of staff recruited by the facility is generally dictated by the needs of the clientele referred by the Continuing Care Division and strongly influenced by the facility's expectations for the services it wishes to provide.

In order to establish and maintain appropriate staffing patterns and staffing levels for professional and non-professional staff, management must consider such factors as physical design, facility routines, rate of staff and resident turnover, degree of automation, local manpower pool, the efficient and effective utilization of available staff resources, and reasonableness of cost.

## 2.1 STANDARD - PERSONNEL PRACTICES

*THERE SHALL BE PERSONNEL POLICIES AND PROCEDURES.*

### RATIONALE

*Sound personnel practices are essential to the achievement of organizational objectives as well as to employee satisfaction and development. Awareness of personal responsibilities and employer expectations, together with knowledge and understanding of the terms and conditions of employment, contribute to effective staff orientation and performance.*

| INDICATORS | YES | NO |
|---|---|---|
| 2.1.1. There are personnel policies regarding: | | |
| - hiring practices (e.g., selection, promotion, separation) | ___ | ___ |
| - working conditions (e.g., vacation, sick leave, statutory holidays, scheduling) | ___ | ___ |
| - status of employment (e.g., permanent, casual) | ___ | ___ |
| - orientation | ___ | ___ |
| - inservice education and training | ___ | ___ |
| - individual personnel records | ___ | ___ |
| - job descriptions | ___ | ___ |
| - performance appraisal | ___ | ___ |
| - grievance procedure. | ___ | ___ |

*Comments:*

## 2.2 STANDARD - JOB DESCRIPTIONS

*THERE SHALL BE A CURRENT WRITTEN JOB DESCRIPTION FOR EACH POSITION.*

### RATIONALE

*Job descriptions define the expectations of the employer and the scope of the employee's duties within the organization; they provide a basis for assessing staff training and development needs and provide a framework for performance appraisal.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 2.2.1 | Each employee has ready access to their job description. | ___ | ___ |

- where are job descriptions located?

_____

_____

_____

- how does the employee access their job description?

_____

_____

_____

_____

| | | | |
|---|---|---|---|
| 2.2.2 | The employee is able to obtain a copy of their job description upon request. | ___ | ___ |

*Comments:*

## 2.3 STANDARD - PERSONNEL SELECTION

*PERSONNEL SHALL BE SELECTED ACCORDING TO THE QUALIFICATIONS, EXPERIENCE, ATTITUDE AND EDUCATION RELEVANT TO THE POSITION.*

### RATIONALE

*Facility management has a responsibility to establish selection criteria and to select employees who are appropriate to the organization and to the particular position.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 2.3.1 | The selection process is based upon the job description and includes: | | |
| | - education and training | ___ | ___ |
| | - experience | ___ | ___ |
| | - special knowledge, skills and abilities | ___ | ___ |
| | - professional or occupational certification, if applicable | ___ | ___ |
| | - personal suitability (e.g., interview impression, references) | ___ | ___ |
| | - ability to communicate effectively in English. | ___ | ___ |
| 2.3.2 | There is evidence to show that references and qualifications are verified. | ___ | ___ |
| 2.3.3 | The employee's suitability for the position is evaluated during a probationary period. | ___ | ___ |

*Comments:*

## 2.4 STANDARD - PERFORMANCE APPRAISAL

*THE JOB PERFORMANCE OF EACH EMPLOYEE SHALL BE APPRAISED AT REGULAR INTERVALS.*

### RATIONALE

*Formal performance appraisals provide a comparison of actual performance against expected performance, assist in planning to meet staff development needs and provide a vehicle for recognizing and acknowledging competent performance.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 2.4.1 | Policies and procedures for performance appraisal include: | | |
| | - aspects to be appraised<br>_____<br>_____ | ___ | ___ |
| | - person/position responsible for each performance appraisal:<br>_____<br>_____ | ___ | ___ |
| 2.4.2 | The employee receives a copy of the performance appraisal and is given the opportunity to respond. | ___ | ___ |
| 2.4.3 | The performance appraisal is in writing and placed in the personnel file. | ___ | ___ |
| 2.4.4 | The performance of each employee is appraised at regular intervals: | | |
| | - prior to the end of the probationary period, and | ___ | ___ |
| | - annually thereafter, and | ___ | ___ |
| | - when indicated. | ___ | ___ |

*Comments:*

## 2.5 STANDARD - PERSONNEL FILE

*THERE SHALL BE A PERSONNEL FILE FOR EACH EMPLOYEE.*

### RATIONALE

*In order to effectively manage the personnel resources of any organization, relevant information must be stored in a logical, accessible, yet confidential, manner.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 2.5.1 | There is an individual personnel file for each employee. | ___ | ___ |
| 2.5.2 | Personnel files contain: | | |
| | - identifying information (e.g., name, address, date of birth, social insurance number) | ___ | ___ |
| | - application and selection documentation | ___ | ___ |
| | - documentation of qualifications and past work experience, including verification of current registration and/or licensure where applicable | ___ | ___ |
| | - orientation checklist | ___ | ___ |
| | - performance appraisals. | ___ | ___ |
| 2.5.3 | If the personnel files do not contain a record of the employee's continuing education or professional development, this information is readily available in the facility's staff development file. | ___ | ___ |

## 2.5 STANDARD - PERSONNEL FILE (continued)

| | | | |
|---|---|---|---|
| 2.5.4 | There is a policy which ensures that employees have access to their individual personnel file upon request. | ___ | ___ |
| 2.5.5 | An employee's personnel file is confidential. | ___ | ___ |
| | - there are policies which safeguard the confidentiality of, and access to, personnel files | ___ | ___ |
| | - records are physically secured to ensure confidentiality | ___ | ___ |
| | - there is a policy indicating the length of time personnel records are to be maintained | ___ | ___ |

*Comments:*

## 2.6 STANDARD - STAFF ORIENTATION AND DEVELOPMENT

*A PLANNED PROGRAM OF STAFF ORIENTATION AND DEVELOPMENT SHALL BE AVAILABLE TO EACH EMPLOYEE.*

### RATIONALE

*An orientation program introduces and familiarizes the new employee to the organization. A staff development program assists the employee to enhance job-related skills, attitudes and knowledge.*

### INDICATORS

| | | YES | NO |
|---|---|---|---|
| 2.6.1 | There is an orientation checklist indicating a planned orientation program for new employees which includes: | ___ | ___ |
| | - familiarization with the facility and its services | ___ | ___ |
| | - familiarization with the facility's Mission Statement and relevant goals and objectives | ___ | ___ |
| | - discussion of basic policies and procedures | ___ | ___ |
| | - overview of the organization | ___ | ___ |
| | - familiarization with the employee's duties and responsibilities | ___ | ___ |
| | - quality assurance processes | ___ | ___ |
| | - standard safety measures | ___ | ___ |
| | - emergency procedures. | ___ | ___ |

## 2.6 STANDARD - STAFF ORIENTATION AND DEVELOPMENT (continued)

| | | | |
|---|---|---|---|
| 2.6.2 | There is documentation indicating a regular planned program of staff development. | ___ | ___ |
| | - a list of training opportunities and resource materials is accessible to staff | ___ | ___ |
| | - staff have access to current resource material (e.g., reference books; subscriptions to professional publications/journals; audio visual resources). | ___ | ___ |
| 2.6.3 | Attendance records are maintained for participation in orientation and staff development programs. | ___ | ___ |

*Comments:*

## *3.0 SOCIAL ENVIRONMENT STANDARDS*

*3.1 Residents' Rights*

*3.2 Resident Living*

*3.3 Social Support*

*3.4 Pastoral Services*

*3.5 Volunteer Services*

## 3.0 SOCIAL ENVIRONMENT

### PRINCIPLE

*A SUPPORTIVE AND PROTECTIVE ENVIRONMENT PROMOTES AND ENHANCES THE OPTIMAL PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL WELL-BEING OF RESIDENTS.*

The importance of addressing the social needs of the residents and of involving appropriate social support systems must be emphasized as integral components of continuing care.

Unlike an acute care hospital, the residential care facility becomes the home of the resident, so the facility should make every effort to create a safe and appropriate home-like environment. What is being emphasized here is a concern for addressing the quality of one's everyday life as well as the quality of care.

When individuals are uprooted from their home or moved away from a setting where they have resided for a length of time, they are torn away from support systems such as family, workplace, church, community organizations, and friends.

The opportunity to develop meaningful relationships with staff members and other residents; to have one's right to personal privacy and personal space respected and protected; to choose to participate in activities of an age appropriate calibre; to have the opportunity to make choices and decisions; to have one's cherished possessions within reach, are all tangible elements of a caring environment...one which cares for and nurtures each member.

## 3.1 STANDARD - RESIDENTS' RIGHTS

*EACH RESIDENT HAS THE RIGHT TO INDIVIDUALITY, AND SHALL HAVE THIS UNIQUENESS RECOGNIZED AND RESPECTED.*

### RATIONALE

*Each resident, as a unique individual, has the right to an identity as both a private and a social being. This should be reflected in the mission statement, objectives, policies and practices of the governing body and facility staff.*

### INDICATORS

| | | YES | NO |
|---|---|---|---|
| 3.1.1 | The resident is treated with dignity, respect and courtesy (e.g., residents are asked by what name they would like to be called). | ___ | ___ |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 3.1.2 | The resident is treated as a unique individual (e.g., each resident's birthday is recognized). | ___ | ___ |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 3.1.3 | The resident is protected from physical, emotional, sexual or financial abuse or exploitation (e.g., there is a procedure for identifying physically abusive residents and a system to protect other residents from physical abuse; staff are not verbally abusive). | ___ | ___ |
| | _____ | | |
| | _____ | | |
| | _____ | | |

## 3.1 STANDARD - RESIDENTS' RIGHTS (continued)

3.1.4 There are policies and procedures to be followed by management and staff in the case of alleged or suspected abuse (physical, emotional, sexual or financial) or neglect of a resident by an employee or visitor. ___ ___

3.1.5 The personal and property rights of each resident are respected and protected (e.g., there is adequate identification of residents' personal effects to minimize loss; clothing is identified in a manner which will not detract from the appearance of the garment). ___ ___

_____

_____

_____

3.1.6 Staff respect each resident's privacy and the right to intimate relationships (e.g., knock on the resident's door and wait to be invited in before entering; allow the resident time alone with family or friends). ___ ___

_____

_____

_____

3.1.7 Staff and Volunteers safeguard the confidentiality of resident information (e.g., this topic is covered during the orientation of staff and Volunteers). ___ ___

_____

_____

_____

## 3.1 STANDARD - RESIDENTS' RIGHTS (continued)

3.1.8 The resident has an opportunity and is encouraged to state preferences and to make choices and decisions regarding matters of daily life (e.g., the resident is able to make choices regarding dress). ___ ___

_____

_____

_____

_____

3.1.9 If the resident is unable to verbalize, staff use other appropriate means of communication. ___ ___

_____

_____

_____

_____

3.1.10 The resident has an opportunity to participate in planning and organizing activities (e.g., residents, either on their own or through a residents' council, have input into the choice of activity programs). ___ ___

- is there a functioning residents' council? ___ ___

- how do residents have input into decisions/plans which directly affect them?

_____

_____

_____

## 3.1 STANDARD - RESIDENTS' RIGHTS (continued)

3.1.11 The facility has an active program to evaluate resident satisfaction with the facility and its services. ___ ___

- person/position responsible for evaluating resident satisfaction:

_____

_____

_____

- the facility solicits input from the residents (where appropriate) to determine if they feel that their needs are being met ___ ___

- the facility solicits input from the resident's family ___ ___

- the facility uses the information in a positive, constructive manner to improve services. ___ ___

3.1.12 The Manager responds in a constructive manner to issues or complaints raised by residents and families (e.g., the Manager brings disagreeing parties together to resolve differences). ___ ___

_____

_____

_____

*Comments:*

## 3.2 STANDARD - RESIDENT LIVING

*THE GOVERNING BODY SHALL ASSIST STAFF AND RESIDENTS TO CREATE A HOME-LIKE AND ATTRACTIVE ENVIRONMENT.*

### RATIONALE

*In addition to providing care and supervision in a therapeutic setting, the facility has become the resident's home.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 3.2.1 | The prospective resident and the family are assisted in making an active and informed choice in the selection of a care facility: | | |
| | - a tour of the facility is provided | ___ | ___ |
| | - an information brochure describing services, accommodation, financial arrangements and community services is provided. | ___ | ___ |
| 3.2.2 | There is an orientation check-list for the new resident which includes: | | |
| | - a tour of the facility | ___ | ___ |
| | - an introduction to staff | ___ | ___ |
| | - an introduction to other residents | ___ | ___ |
| | - an introduction to members of the residents' council | ___ | ___ |
| | - an overview of the resident's rights | ___ | ___ |
| | - an introduction to facility routines | ___ | ___ |
| | - an introduction to facility programs and services | ___ | ___ |
| | - an introduction to safety and emergency procedures. | ___ | ___ |

## 3.2 STANDARD - RESIDENT LIVING (continued)

3.2.3 The facility has a planned program to assist residents through a period of relocation stress (e.g., orientation program; buddy system). ___ ___

3.2.4 Each resident is encouraged and permitted to create as home-like an environment as possible: ___ ___

- in their own room (e.g., by using their own furniture and personal belongings where this does not create a safety hazard)

_____

_____

_____

_____

- in the rest of the facility (e.g., by contributing ideas as to decor or furnishings).

_____

_____

_____

_____

3.2.5 Staff are encouraged and permitted to create as home-like an environment as possible: ___ ___

- in the residents' rooms (e.g., by assisting residents to hang pictures or arrange furniture; by allowing residents to have personal belongings such as clocks, radios, and ornaments).

_____

_____

_____

_____

## 3.2 STANDARD - RESIDENT LIVING (continued)

3.2.5 (continued)

- in the rest of the facility (e.g., by eliciting ideas from the residents regarding decor and furnishings).

_____

_____

_____

_____

3.2.6 There is active encouragement as well as opportunity for the resident to maintain family and community contacts (e.g., family and friends are encouraged to participate in facility activities; visits to and from family members are encouraged).

_____

_____

_____

_____

3.2.7 There are liberal visiting hours for family and friends. ___ ___

- visitors are welcome at all reasonable times ___ ___

- residents are able to be alone with visitors if they wish. ___ ___

## 3.2 STANDARD - RESIDENT LIVING (continued)

3.2.8 The resident may remain up and about in the late evening if they wish. ___ ___

- there is no specified bed time ___ ___
- a resident who wishes to remain up to watch television or read, may do so ___ ___
- a resident who does not have a private room has access to an "up room" (i.e., a room or designated area where the resident may be up and about during the night if they wish). ___ ___

3.2.9 There are policies and procedures to foster coordination and interaction with community organizations and agencies. ___ ___

- there is evidence that the facility actively encourages the involvement of community Volunteers, social and recreational resources ___ ___
- there is evidence that the facility encourages the residents to participate in community-based programs (e.g., maintain memberships in service clubs; attend community events). ___ ___

3.2.10 There are items in the facility which stimulate the residents' interest (e.g., fish bowls or tanks; plants; music; radio). ___ ___

3.2.11 Communication aids are posted throughout the facility and are easily readable by the residents. ___ ___

- clocks are visible ___ ___
- calendars are visible ___ ___
- an activity schedule is posted ___ ___
- a menu is posted. ___ ___

## 3.2 STANDARD - RESIDENT LIVING (continued)

3.2.12 There is a responsible staff member on duty at all times, to whom residents can report injuries, emergencies or illnesses. ___ ___

- the staff member is responsible for ensuring that prompt and appropriate action is taken. ___ ___

*Comments:*

## 3.3 STANDARD - SOCIAL SUPPORT

*THE FACILITY SHALL HAVE A SYSTEM FOR ASSESSING AND ADDRESSING THE ONGOING SOCIAL SUPPORT NEEDS OF EACH RESIDENT.*

### RATIONALE

*The residents, as a result of advanced age or physical or mental infirmities, may be dependent upon others to assist in caring for themselves or managing their affairs.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 3.3.1 | There are policies and procedures which ensure that there is an initial social history for each resident. | ___ | ___ |
| 3.3.2 | An assessment of existing social support needs are identified in the resident's care plan. | ___ | ___ |

- how is this information updated?

_____

_____

_____

_____

| | | | |
|---|---|---|---|
| 3.3.3 | There are policies and procedures to ensure that adequate provision is made to: | | |
| | - assist in assessing, referring and resolving problems arising from the residents' inability to manage their affairs (e.g., by making arrangements through the family or Public Trustee to handle finances or safeguard personal property). | ___ | ___ |

_____

_____

_____

_____

## 3.3 STANDARD - SOCIAL SUPPORT (continued)

3.3.3 (continued)

- assist the resident or the family to obtain legal advice regarding a will or power of attorney (e.g., direct the family to a lawyer referral service). ___ ___

_____

_____

_____

_____

- advise and counsel residents regarding eligibility for age and health related benefits (e.g., by arranging access to available community resources for assistance in the completion of income tax or pension forms). ___ ___

_____

_____

_____

_____

3.3.4 Social services intervention is integrated with the care planning for each resident, with appropriate documentation entered on individual resident records. ___ ___

3.3.5 There is a policy regarding staff acting as a witness to the resident's signature on a legal document (e.g., a will). ___ ___

*Comments:*

## 3.4 STANDARD - PASTORAL SERVICES

*EACH RESIDENT SHALL HAVE THE FREEDOM AND SUPPORT TO PURSUE THEIR OWN RELIGIOUS BELIEFS.*

### RATIONALE

*In keeping with a holistic approach (body, mind and spirit) to resident care, the spiritual aspect of the resident's life must be acknowledged and respected.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 3.4.1 | There are policies and procedures which support the residents' freedom to pursue their religious beliefs. | ___ | ___ |
| 3.4.2 | There is evidence on the care plan that the resident's spiritual and religious preferences are addressed. | ___ | ___ |
| 3.4.3 | Opportunities to participate in a variety of religious activities, are evident (e.g., church services, provision of private areas for spiritual counselling, provision for special religious celebrations). | ___ | ___ |

_____

_____

_____

_____

*Comments:*

## 3.5 STANDARD - VOLUNTEER SERVICES

*THE FACILITY SHALL ACTIVELY ENCOURAGE A VOLUNTEER PROGRAM.*

### RATIONALE

*The presence of Volunteers can be a valuable and creative resource for enhancing and enriching the life of the resident.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 3.5.1 | A staff member is designated to coordinate Volunteer activities and to provide direction, support and encouragement to the Volunteers. | ___ | ___ |
| | - name and title of designated staff member: _____ _____ | | |
| 3.5.2 | There are policies and procedures governing the participation of Volunteers in resident activities which: | ___ | ___ |
| | - cover the screening, selection and performance appraisal of Volunteers | ___ | ___ |
| | - clearly delineate the role of the Volunteer | ___ | ___ |
| | - clearly delineate the scope of involvement with the individual residents. | ___ | ___ |
| 3.5.3 | Volunteer assignments are commensurate with the interests and skills of the Volunteer (e.g., there are job descriptions for the different Volunteer assignments). _____ _____ _____ | ___ | ___ |

## 3.5 STANDARD - VOLUNTEER SERVICES (continued)

3.5.4 Volunteer assignments are determined by an assessment of the resident's needs. ___ ___

3.5.5 Volunteer assignments are evaluated regularly. ___ ___

- person/position responsible for evaluating Volunteer assignments and activities:

_____

_____

3.5.6 Volunteers ensure that the dignity and privacy of each resident is respected at all times (e.g., Volunteers are orientated to these issues). ___ ___

_____

_____

_____

3.5.7 There is an orientation program for each Volunteer commensurate with personal background, experience and range of anticipated duties. ___ ___

3.5.8 There is a protocol for recognizing the contributions of the Volunteers to the life of the facility and its residents. ___ ___

_____

_____

_____

_____

*Comments:*

## *4.0 RESIDENT CARE SERVICES STANDARDS*

*4.1 Individualized Care Planning*

*4.2 Nursing Services*

*4.3 Activity Programs*

*4.4 Nutrition Services*

*4.5 Medical Services*

*4.6 Dental Services*

*4.7 Pharmaceutical Services*

*4.8 Resident Records*

*4.9 Special Services*

# 4.0 RESIDENT CARE SERVICES

## PRINCIPLE

*ATTAINMENT AND MAINTENANCE OF THE RESIDENTS' OPTIMAL PERSONAL LEVEL OF FUNCTIONING, SELF-CARE, AND INDEPENDENCE IS A BASIC GOAL OF RESIDENT-CENTERED CARE PLANNING. A HOLISTIC APPROACH IS REFLECTED IN AN INDIVIDUALIZED PLAN OF CARE, BASED ON REGULAR ASSESSMENT AND PROBLEM IDENTIFICATION.*

Planning and delivery of effective resident care services will require the cooperative effort of an interdisciplinary team with each member contributing their own training and abilities to the collective efforts of the team. Mutual respect for the unique capabilities and methods of all involved staff is essential to the success of this approach.

While recognizing that each individual and each facility is unique, and that personnel resources may vary from one community to another, restoration and maintenance of each resident's health to the highest possible level should be common goals. Individual strengths, abilities and limitations must be considered in order to identify a realistic potential for the resident.

The organization of facility services may also include making arrangements for access to specialized health care services, such as ophthalmology and podiatry. While the cost of these services is normally the responsibility of the resident on a fee-for-service basis, the facility is responsible for ensuring that arrangements are made for appropriate services.

## 4.1 STANDARD - INDIVIDUALIZED CARE PLANNING

*THERE SHALL BE A CURRENT, INDIVIDUALIZED, WRITTEN PLAN OF CARE DEVELOPED AND IMPLEMENTED FOR EACH RESIDENT.*

### RATIONALE

*The needs of each resident can best be met through individualized care planning, using an interdisciplinary, holistic approach. The care plan ensures continuity of care and identifies the resident's progress and the adjustments to be made to meet changing needs.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.1.1 | Policies and procedures concerning the development, implementation and ongoing review of individualized care plans reflect interdisciplinary participation. | ___ | ___ |
| 4.1.2 | The care plan provides specific information to direct staff actions in meeting the resident's needs. | ___ | ___ |
| 4.1.3 | The care plan is accessible to staff. | ___ | ___ |
| 4.1.4 | The care plan includes realistic goals and review dates. | ___ | ___ |
| | - goals are measurable | ___ | ___ |
| | - each goal has a time frame | ___ | ___ |
| | - each goal identifies specific staff activities to assist the resident to achieve the goal. | ___ | ___ |
| 4.1.5 | What assessment process is used to establish desired care outcomes which will build upon the resident's abilities and potential (e.g., regular inter-disciplinary care conferences; monthly review of progress toward goals)? | | |

_____

_____

_____

_____

## 4.1 STANDARD - INDIVIDUALIZED CARE PLANNING (continued)

4.1.6 Which disciplines routinely participate in care conferences?

_____

_____

_____

_____

4.1.7 How is the resident's progress toward attainment of the care plan goals monitored and evaluated?

_____

_____

_____

_____

4.1.8 How are changes in the resident's needs evaluated?

_____

_____

_____

_____

4.1.9 The resident, to whatever degree possible, has knowledge and input into the care plan.

- how is resident input obtained?

_____

_____

_____

_____

## 4.1 STANDARD - INDIVIDUALIZED CARE PLANNING (continued)

4.1.10 How is input obtained from the resident's physician?

_____

_____

_____

_____

4.1.11 How is input obtained from the resident's family?

_____

_____

_____

_____

| | | |
|---|---|---|
| 4.1.12 | There are policies and procedures regarding the use of restraints, which: | ___ ___ |
| | - promote the use of less restrictive alternatives | ___ ___ |
| | - ensure that a restraint is used only when a resident poses a risk of harm to themselves or others and the use of a restraint is the least restrictive alternative | ___ ___ |
| | - require a physician's order for use of a restraint | ___ ___ |
| | - meet the resident's needs during a period under restraint (e.g., range of movement; personal hygiene; fluid intake; nourishment; toileting) | ___ ___ |
| | - ensure there is adequate documentation, on each occasion, as to the reason a restraint was used and the type and duration of the restraint | ___ ___ |

## 41 STANDARD - INDIVIDUALIZED CARE PLANNING (continued)

4.1.12 (continued)

- consider physical, mechanical and chemical restraint (e.g., holding; jacket restraint; geri-chair; bed rails; medication) ___ ___

- ensure a regular review of any orders for restraint. ___ ___

4.1.13 Personal care is a basic component of the resident's care plan (e.g., skin integrity; mouth care; clean, healthy hair, nails and skin). ___ ___

4.1.14 Sensory losses are identified and considered in the care plan, to enable the resident to communicate to the best of their ability (e.g., eye glasses; hearing aid). ___ ___

4.1.15 Continence management is considered in developing the resident's care plan. ___ ___

4.1.16 The care plan identifies and addresses problem behaviours (e.g., wandering, confusion, verbal or physical aggression). ___ ___

4.1.17 The care plan considers the need to maintain or improve the resident's mobility. ___ ___

4.1.18 There are policies and procedures to ensure that assisting devices are clean and in proper working order (e.g., wheelchair; walker; cane). ___ ___

*Comments:*

## 4.2 STANDARD - NURSING SERVICES

*EACH RESIDENT SHALL RECEIVE NURSING SERVICES IN ACCORDANCE WITH THEIR NEEDS.*

### RATIONALE

*The need for nursing care will fluctuate from time to time and it is the facility's responsibility to see that these needs are met.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.2.1 | Policies and procedures on the organization and delivery of nursing services, include: | ___ | ___ |
| | - a clear statement of roles and responsibilities (e.g., Registered Nurse; Registered Psychiatric Nurse; Licensed Graduate Nurse; Licensed Practical Nurse; Health Care Aide) | ___ | ___ |
| | - a system which accurately communicates resident information between: | | |
| | · shifts | ___ | ___ |
| | · departments | ___ | ___ |
| | · levels of responsibility | ___ | ___ |
| | - a system of stable staff assignments which maximizes continuity of care | ___ | ___ |
| | - a nursing procedure manual. | ___ | ___ |
| 4.2.2 | The nursing care required to meet each resident's needs is based on the stated actions of the care plan. | ___ | ___ |

*Comments:*

## 4.3 STANDARD - ACTIVITY PROGRAMS

*INDIVIDUAL AND GROUP ACTIVITIES WHICH MEET THE SOCIAL AND RECREATIONAL INTERESTS, ABILITIES AND NEEDS OF EACH RESIDENT SHALL BE PROVIDED.*

### RATIONALE

*The diverse interests, abilities and needs of each resident can best be met through a combination of individual and group activities.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.3.1 | There are policies and procedures which reflect the need for activity programs as an integral part of resident care. | ___ | ___ |
| 4.3.2 | Activity programming is the responsibility of a designated staff person. | ___ | ___ |
| | - name_____ | | |
| | - position_____ | | |
| 4.3.3 | There is a planned social and recreational activity program. | ___ | ___ |
| | - activities and events are age appropriate | ___ | ___ |
| | - activities and events are consistent with the residents' interests | ___ | ___ |
| | - there are opportunities for the resident to pursue individualized interests. | ___ | ___ |
| 4.3.4 | There is evidence of an assessment of individual activity needs, interests and capabilities. | ___ | ___ |
| | - the resident has the opportunity to engage in meaningful activities tailored to meet individual needs. | ___ | ___ |

## 4.3 STANDARD - ACTIVITY PROGRAMS (continued)

4.3.5 An identification of activity needs is incorporated into the care plan. ___ ___

4.3.6 There is evidence of provision of appropriate activities to meet the resident's identified needs and interests. ___ ___

4.3.7 There is evidence of the use of appropriate family, Volunteer and community resources. ___ ___

4.3.8 The residents' council has input into the planning and evaluation of activity programs. ___ ___

4.3.9 Programs are evaluated on a regular basis. ___ ___

- frequency:_____
- date of last review:_____
- person/position responsible for evaluating the activity programs:

_____

_____

*Comments:*

## 4.4 STANDARD - NUTRITION SERVICES

*SAFE, NUTRITIOUS, QUALITY FOOD THAT MEETS THE NUTRITIONAL, THERAPEUTIC AND SOCIAL NEEDS OF THE RESIDENT SHALL BE PROVIDED.*

### RATIONALE

*Preparing, serving and eating food involves much more than nutritional value. It also has therapeutic and social components. All of this must be considered when looking at food services.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.4.1 | An ongoing assessment of nutritional and hydration status is an integral component of the resident's care. | ___ | ___ |
| 4.4.2 | The residents receive meals and nourishments which are appropriate to their dental and nutritional status. | ___ | ___ |
| 4.4.3 | Therapeutic diets are available to residents with special dietary needs. | ___ | ___ |
| 4.4.4 | The resident's fluid needs are met. | ___ | ___ |
| 4.4.5 | Fluids are offered and/or are accessible to the resident between meals. | ___ | ___ |
| 4.4.6 | There is a policy and procedure for weighing the residents at regular intervals and evaluating their progress. | ___ | ___ |

## 4.4 STANDARD - NUTRITION SERVICES (continued)

4.4.7 Special eating equipment and utensils are provided for the resident who needs this assistance. ___ ___

4.4.8 Assistance is available to the resident when required (e.g., help in cutting or identifying foods; buttering bread). ___ ___

4.4.9 There is a readable menu posted for the residents. ___ ___

- where is the menu posted?

_____

_____

- is the menu usually followed? ___ ___

- if there are frequent substitutes, please explain why this is necessary.

_____

_____

_____

_____

4.4.10 If the facility is licensed under the Community Care Facility Act and required to employ a dietitian (e.g., as an employee or consultant), policies and procedures governing the food service system are based on the "Nutrition and Food Service Standards for Adult Care Facilities, British Columbia Ministry of Health" and include: ___ ___

- a documented Food Safety Audit ___ ___

- a documented Meal Service Audit ___ ___

## 4.4 STANDARD - NUTRITION SERVICES (continued)

4.4.10 (continued)

- a documented Menu Audit ___ ___

- documentation of a Resident Evaluation Questionnaire ___ ___

- documentation of a Nutritional Care Audit. ___ ___

4.4.11 There is documentation of the follow-up of Nutrition Service audits. ___ ___

*Comments:*

## 4.5 STANDARD - MEDICAL SERVICES

*EACH RESIDENT IS ENTITLED TO RECEIVE MEDICAL CARE AS NECESSARY.*

### RATIONALE

*Most residents have multiple medical problems, therefore, medical care must be available when needed.*

| INDICATORS - Attending Physician | | YES | NO |
|---|---|---|---|
| 4.5.1 | Policies and procedures governing medical services are based on the "Standard of Care for Physicians Providing Continuing Care to Patients in Long Term Care Facilities, British Columbia Medical Association, 1987" (see Appendix B). | ___ | ___ |
| 4.5.2 | Each resident has a personal physician of their own choosing. | ___ | ___ |
| 4.5 3 | There are policies and procedures which include a protocol for dealing with situations in which the physician is delayed or is unable or unwilling to attend. | ___ | ___ |
| 4.5.4 | How is the resident's personal physician involved in care planning (e.g., documented input at resident care conferencing or drug reviews; documented evidence of regular medical updates)? | | |

_____

_____

_____

_____

## 4.5 STANDARD - MEDICAL SERVICES (continued)

### INDICATORS - Medical Advisor

4.5.5 A written record is maintained in the facility of all medical visits, consultations and treatments to the residents during their stay in the facility. ___ ___

4.5.6 If the facility has appointed a medical advisor, policies and procedures governing this role are based on the guidelines "Medical Coordinator Position in Long Term Care Facilities, (Extended Care and Intermediate Care), Ministry of Health, 1988" (see Appendix C). ___ ___

*Comments:*

## 4.6 STANDARD - DENTAL SERVICES

*THE PROMOTION OF ORAL AND DENTAL HEALTH SHALL BE AN INTEGRAL COMPONENT OF THE CARE PLANNING FOR EACH RESIDENT.*

### RATIONALE

*Each resident has a need for proper dental care; for good health, for proper nutrition, and for aesthetic reasons.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.6.1 | There are policies and procedures to promote an individualized oral and dental health program as a part of each resident's care. | ___ | ___ |
| 4.6.2 | Each resident has access to professional dental consultation and treatment as required. | ___ | ___ |
| | - each resident has a dentist | ___ | ___ |
| | - each resident has a complete dental examination upon admission if there is no history of a complete examination in the year prior to admission | ___ | ___ |
| | - each resident has an annual dental examination. | ___ | ___ |
| 4.6.3 | The special dental and oral care needs of the resident are indicated on the care plan. | ___ | ___ |
| 4.6.4 | The resident receives supervision or assistance with daily oral hygiene when required. | ___ | ___ |
| 4.6.5 | A written record is maintained of all dental visits, consultations and treatments during the resident's stay in the facility. | ___ | ___ |

*Comments:*

## 4.7 STANDARD - PHARMACEUTICAL SERVICES

*THERE SHALL BE A SAFE, SECURE SYSTEM FOR THE STORAGE, CONTROL AND ADMINISTRATION OF MEDICATION.*

### RATIONALE

*Residents must receive their prescribed medication in a safe and effective manner. Safety should be a fundamental goal of the medication distribution system.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.7.1 | The medication system meets the requirements of the: | | |
| | - Pharmacy Participation Agreement, B.C. Pharmacare | ___ | ___ |
| | - College of Pharmacists' Bylaw B-38, "Pharmacy Services to Facilities" | ___ | ___ |
| | - Community Care Facility Act or Hospital Act, Part 2, as applicable. | ___ | ___ |
| 4.7.2 | There are policies and procedures regarding the provision of medication to a resident who leaves the facility for an approved period of temporary absence. | ___ | ___ |
| 4.7.3 | Are there policies and procedures around the control and distribution of narcotic drugs? | ___ | ___ |
| | If yes, please summarize your current practice or attach a copy of the relevant policies and procedures. | | |

_____

_____

_____

_____

_____

## 4.8 STANDARD - RESIDENT RECORDS

*THE FACILITY SHALL MAINTAIN AN ACCURATE, COMPREHENSIVE HEALTH RECORD SYSTEM TO PROVIDE A BASIS FOR ASSESSMENT AND CARE PLANNING.*

### RATIONALE

*An accurate and comprehensive resident record is essential for ongoing assessment and care planning. The resident record is also the legal document which provides evidence of the care given.*

### INDICATORS

| | | YES | NO |
|---|---|---|---|
| 4.8.1 | Record-keeping space, equipment and supplies are adequate for the number of residents. | ___ | ___ |
| 4.8.2 | There are policies for the organization of the resident record system, including: | ___ | ___ |
| | - a statement regarding confidentiality which specifies the personnel authorized to access and document resident records | ___ | ___ |
| | - a statement regarding residents' access to their own records | ___ | ___ |
| | - a statement regarding the required frequency of documentation | ___ | ___ |
| | - a statement governing the retention, safe storage and disposition of records: | ___ | ___ |
| | · following a resident's discharge | ___ | ___ |
| | · following a change of facility ownership | ___ | ___ |
| | · following closure of the facility. | ___ | ___ |
| 4.8.3 | In the event the resident is transferred to hospital or to another care facility, a transfer/discharge summary, which contains all relevant information concerning the resident, is forwarded to the receiving facility at the time of transfer. | ___ | ___ |

*Comments:*

## 4.9 STANDARD - SPECIAL SERVICES

*EACH RESIDENT SHALL RECEIVE SPECIALIZED HEALTH CARE SERVICES IN ACCORDANCE WITH THEIR NEEDS.*

### RATIONALE

*Some residents have multiple health care needs requiring a specialized health care service which is beyond the resources of the facility. The need will vary with each resident and must be a part of the care planning.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 4.9.1 | The facility makes arrangements on behalf of the resident, in consultation with the family, for consultation and treatment by the appropriate health care practitioner, when indicated, such as: | ___ | ___ |
| | - occupational therapy | ___ | ___ |
| | - physiotherapy | ___ | ___ |
| | - podiatry | ___ | ___ |
| | - mental health services | ___ | ___ |
| | - ophthalmology | ___ | ___ |
| | - speech pathology and audiology | ___ | ___ |
| | - chiropractic service. | ___ | ___ |
| 4.9.2 | There is documentation on the residents' files of all such visits, consultations and treatments during their stay in the facility. | ___ | ___ |

*Comments:*

## *5.0 PHYSICAL ENVIRONMENT STANDARDS*

*5.1 Physical Plant*

*5.2 Safety*

*5.2 Contingency Plans*

# 5.0 PHYSICAL ENVIRONMENT

## PRINCIPLE

*THE SAFETY, COMFORT, AND WELL-BEING OF THE RESIDENT IS INFLUENCED BY THE LOCATION, DESIGN AND MAINTENANCE OF THE FACILITY.*

The physical environment, including the building, grounds and surrounding community, contributes significantly to the total living experience of each resident. The Standards in this Section place an emphasis on safety and comfort: a protective environment that is bright and cheerful, clean, personalized and home-like.

There are individual differences amongst communities, their facilities and the people they serve, but the common goal should be to minimize an institutional appearance and atmosphere and to enhance a positive attitude amongst the residents. The facility is home to the residents and should be a pleasant and safe place to live.

It is recognized that existing facilities may not represent an ideal design or location due to circumstances beyond their control; these Standards should not be interpreted as promoting costly renovations simply to effect cosmetic changes.

## 5.1 STANDARD - PHYSICAL PLANT

*THE FACILITY SHALL PROVIDE A CLEAN, PLEASANT ENVIRONMENT WHICH IS FUNCTIONALLY SUITABLE/ADAPTABLE TO THE PROVISION OF CARE AND TO THE NEEDS OF THE RESIDENTS.*

### RATIONALE

*A clean, pleasant environment is fundamental to the provision of a good quality of life and quality of care.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 5.1.1 | The facility provides a pleasant environment with respect to: | ___ | ___ |
| | - temperature (e.g., comfortable for the residents year-round) | ___ | ___ |
| | - ventilation (e.g., fresh, odour-free air vs. stuffy, smelly atmosphere) | ___ | ___ |
| | - lighting levels: rooms | ___ | ___ |
| | hallways | ___ | ___ |
| | stairways | ___ | ___ |
| | - general cleanliness (e.g., free from obvious dirt, dust, and stains) | ___ | ___ |
| | - noise levels (e.g., radio and television volume; noise and timing of household tasks). | ___ | ___ |
| 5.1.2 | The arrangement and location of the furniture in the main areas of the facility allows the residents to move about safely. | ___ | ___ |

## 5.1 STANDARD - PHYSICAL PLANT (continued)

5.1.3 Lounge furniture is grouped for eye contact or is arranged as the residents choose (e.g., small group settings with plants or bookcases as dividers). ___ ___

- how is resident input obtained?

_____

_____

5.1.4 The design of the furniture provides comfort, safety, proper support, and promotes independence (e.g., correct chair height; firm support; arm supports; provides proper support for the resident to stand independently or transfer without assistance). ___ ___

5.1.5 There is an area/room for the resident to meet with family or friends in private. ___ ___

- how does the resident access this room (e.g., if others wish to use it; if it is a multi-purpose room)?

_____

_____

_____

_____

5.1.6 The decor is consistent with a home-like atmosphere (e.g., colour schemes; textures; styles). ___ ___

*Comments:*

## 5.2 STANDARD - SAFETY

*THE FACILITY SHALL BE EQUIPPED, OPERATED AND MAINTAINED TO PROMOTE A SAFE ENVIRONMENT.*

### RATIONALE

*Due to the disabilities of many of the residents, safety considerations are of the utmost importance.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 5.2.1 | There are safety policies and procedures for each department or service, where applicable. | ___ | ___ |
| | - there are procedures for alerting staff in an emergency | ___ | ___ |
| | - procedures for alerting staff do not rely on residents to do the alerting (e.g., during periods of sparse staffing). | ___ | ___ |
| 5.2.2 | There are minutes of Safety Committee meetings. | ___ | ___ |
| 5.2.3 | There is documentation of the follow-up of incident reports. | ___ | ___ |
| 5.2.4 | Evacuation drills are held at regular intervals to familiarize all staff and residents with the process. | ___ | ___ |
| | - list date and time for last 3 practice evacuation drills (e.g., fire): | ___ | ___ |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 5.2.5 | There are policies and procedures for identifying and monitoring known risk situations (e.g., smoking, hazardous solutions or equipment; oxygen; use of restraints). | ___ | ___ |

## 5.2 STANDARD - SAFETY (continued)

5.2.6 There is an identification system which ensures that all residents can be accounted for in the event of an emergency situation (e.g., fire, evacuation, wanderers). ___ ___

5.2.7 The staff orientation program identifies safety issues and policies regarding resident care (e.g., use of heating pads, restraints, mechanical aids, transfer assistance). ___ ___

5.2.8 There are policies and procedures regarding prevention and control of infection and contagious conditions. ___ ___

5.2.9 Security arrangements are in place to protect residents and staff from unauthorized visitors and intruders. ___ ___

- please describe these arrangements.

_____

_____

_____

_____

*Comments:*

## 5.3 STANDARD - CONTINGENCY PLANS

*THE FACILITY SHALL ENSURE APPROPRIATE CARE OF THE RESIDENTS IN THE EVENT OF AN INTERNAL OR EXTERNAL CRISIS OR DISASTER.*

### RATIONALE

*The facility should be prepared for the many types of emergency which may occur in any community.*

| INDICATORS | | YES | NO |
|---|---|---|---|
| 5.3.1 | There are contingency plans, developed in consultation with appropriate agencies, which provide for the continued care of residents in the event of a disruption of services or an emergency situation which necessitates evacuation of the facility (e.g., fire, power failure, water damage, ice storm, explosion). | ___ | ___ |

_____

_____

_____

_____

## 5.3 STANDARD - CONTINGENCY PLAN (continued)

5.3.2 Contingency plans include provision for:

- preservation of residents' records ___ ___
- accurate identification of each resident (i.e., see Indicator 5.2.6) ___ ___
- timely identification of essential resident medical information (e.g., essential diets, essential medicine). ___ ___

*Comments:*

## 6.0 APPENDICES

| | |
|---|---|
| Appendix A | Steering Committee, Standards for Residential Care Services (Facilities) |
| Appendix B | Standard of Care for Physicians Providing Care in Long Term Care Facilities |
| Appendix C | Medical Coordinator Position in Long Term Care Facilities, (Extended Care and Intermediate Care) |
| Appendix D | Licensure |
| Appendix E | Canadian Council on Health Facility Accreditation |
| Appendix F | Glossary of Terms |

**APPENDIX A**

## STEERING COMMITTEE
## *STANDARDS FOR RESIDENTIAL CARE SERVICES (FACILITIES)*
## *1986 - 1987*

### Quality Assurance Branch

Patricia Davis
A/Manager
Quality Assurance Branch
Continuing Care Division

Jacqueline MacDonald
Consultant
Quality Assurance Branch
Continuing Care Division

Lynn Aarvold
Inspector of Private Hospitals
Quality Assurance Branch
Continuing Care Division

David Wood
Consultant
Quality Assurance Branch
Continuing Care Division

### Association Representatives

Elizabeth Tovey
Continuing Care Consultant
B.C. Health Association

Lorna Willis
Coordinator of Member Services
B.C. Long Term Care Association

Pamela Welton
Quality Assurance Consultant
B.C. Association of Private Care

Carol Omstead
Assistant Administrator
New Vista Care Home
(Alternate Member for
B.C. Long Term Care Association)

### Continuing Care Division Staff

Kitty McAllister
Long Term Care Assessor
South Central Health Unit

Patricia Sinclair
Long Term Care Administrator
East Kootenay Health Unit

Dusty McAuley
Long Term Care Assessor
Burnaby Health Department

Larry Austman
A/Manager
Regional Operations and Residential Care

**APPENDIX B**

## *A BASIC STANDARD FOR CARE BY PHYSICIANS FOR RESIDENTS IN LONG TERM CARE FACILITIES IN BRITISH COLUMBIA

1. Upon notification that a patient has been, or is about to be, admitted to a long term care facility, the attending physician should formally agree to provide at least the basic standard of care outlined below, as well as whatever additional services are indicated by the patient's condition.

2. Prior to or upon the admission of the resident, the physician should provide to the person responsible for resident care, an admission history (or suitable hospital discharge summary), that includes:

   (a) A list of current diagnoses/problems.
   (b) Past medical problems/surgery, etcetera.
   (c) Allergies and drug sensitivities.
   (d) The record of a current physical examination (at least within the last three months).
   (e) A mental status assessment.
   (f) Appropriate laboratory tests where indicated.
   (g) A management plan including drug reports.
   (h) A summary of consultant reports.
   (i) The record of a chest x-ray taken within the last six months.

3. The physician should visit their patient at the facility on a regular basis in accordance with their judgement of the patient's condition, and maintain appropriate records.

4. The physician should provide emergency support to their patient as required, arranging for an alternate physician if not available.

5. The physician should respond appropriately to a call from the nursing staff.

6. The physician should participate with the nursing staff and others of the interdisciplinary team at suitable intervals in an on-site review of a resident's care at least every three months. The review will include a medication review and a review of the resident's health and functional status.

7. The physician, or an alternate, will visit within a reasonable time to pronounce death.

(*B.C. Medical Association, 1987)

# *MEDICAL COORDINATOR POSITION

# IN LONG TERM CARE FACILITIES

# (EXTENDED CARE AND INTERMEDIATE CARE)

It is desirable to have a Medical Coordinator appointed to all Extended Care hospitals and Intermediate Care facilities. The objective of appointing such a position is to ensure a high quality of medical care.

**Appointment**:

The Medical Coordinator will be appointed by the Administrator of the facility and will be responsible to the Administrator for the general standard of medical care in the facility.

**Qualifications**:

1. The physician appointed must be licensed to practice medicine in British Columbia and have a special interest, expertise and experience in geriatric medicine.

2. The physician must be a member of the hospital or facility's active medical staff.

3. The physician should preferably have medical staff privileges in a local acute care hospital.

**Duties**:

1. To advise the Administrator and staff regarding the necessary services to ensure high quality medical practice.

2. To ensure that each patient or client has a personal physician.

3. To liaise with the individual attending physicians and ensure that:

   (a) Each physician is aware of, and abides by, the Medical Staff Bylaws and Regulations in Extended Care hospitals or patient care standards in the case of Intermediate Care facilities.

   (b) That emergency coverage in the case of absence is arranged by each physician and that facility staff are aware of the name and telephone number of the substitute.

4. As a member of a multidisciplinary team, to ensure that the total program for, and the medical condition of, each resident is reviewed on a regular basis, this review will include:

   (a) A review of medication.

   (b) A review of ongoing medical problems.

   (c) Programs for improvement and maintenance of the residents functional ability.

   (d) Recommendations to attending physicians for possible changes in medication, etc.

5. To take part in inservice educational programs for other professions and for lay staff.

6. To attend meetings concerned with medical staff organization and quality of care, for example, policy committee, medical audit, admission and discharge of residents.

(*Ministry of Health, 1988)

**APPENDIX D**

## LICENSURE

As a first step to meeting the Quality Standards established by the Continuing Care Division, all facilities must comply with the requirements of the legislation under which they are licensed.

Facilities should become familiar with the relevant documents, for example:

- Community Care Facility Act, and Adult Care Regulations
- Hospital Act, Part 2
- Standards, Licensed Private Hospitals

Copies of Provincial legislation may be obtained from:

Crown Publications Inc.
546 Yates Street
Victoria, British Columbia
V8W 1K8

**APPENDIX E**

## CANADIAN COUNCIL ON HEALTH FACILITY ACCREDITATION

In addition to complying with provincial licensing requirements and meeting the provincial Standards established by the Continuing Care Division, some facilities may wish to undertake a further public demonstration of their commitment to providing good care.

The accreditation process for Long Term Care Centres is offered by the Canadian Council on Health Facility Accreditation (C.C.H.F.A.), formerly the Canadian Council on Hospital Accreditation. This is a voluntary, peer review process which appraises a facility's performance against national standards as defined by the C.C.H.F.A. The cost of an accreditation survey varies according to the size of the facility.

Facilities which have achieved accreditation status through the C.C.H.F.A., report that they have no difficulty in meeting the provincial Standards. Similarly, facilities who have successfully attained the provincial Standards will be in a good position to meet the C.C.H.F.A. standards.

The existence of various sets of care standards and accreditation processes, whether articulated at the national or provincial level, is a further indication that quality assurance has become an integral component of health care. Although no one has yet come up with the perfect design for measuring the quality of caring or the quality of life satisfaction, we must continually strive to meet our common commitment to excellence and remain receptive and responsive to new trends and complementary approaches.

## GLOSSARY OF TERMS

For the purposes of this document, the following interpretations have been used:

| | | |
|---|---|---|
| Accountable | - | answerable for the results |
| Activation | - | a therapeutic process designed to increase or maintain the individual's optimum level of functioning |
| Activities of Daily Living | - | denotes the personal functions and tasks necessary for daily living such as bathing, dressing, grooming |
| Appropriate | - | especially suitable or compatible (i.e., the best alternative) |
| Approved | - | denotes the knowledge and consent of the Continuing Care Division |
| Care Plan | - | an individualized action plan that takes into account the client's unique needs, the goals of care, and the service required to achieve stated goals. The care plan provides sufficient information to plan, implement, direct and evaluate the client's care. |
| Client | - | an individual who is receiving benefits through the Continuing Care Division |
| Competence | - | the state of having the knowledge, skills, and experience to provide the required service |
| Continence Management | - | a plan of action which enables a resident to maintain or regain control of their bladder and/or bowel function. |
| Cost Effective | - | the most effective application of resources to meet specific objectives (i.e., relates to a comparison of alternatives to determine which is most productive) |
| Evaluation | - | assessment or appraisal |

## GLOSSARY OF TERMS (continued)



| | | |
|---|---|---|
| Facility | - | See Service Provider |
| Goal | - | a statement of what is to be accomplished |
| Governing Body | - | the legal owner (individual/s or group) of the facility |
| Holistic | - | emphasizes the whole person by encompassing the physical, emotional, social, spiritual and behavioral aspects of the individual |
| Indicator | - | a factor in measuring attainment of the standard |
| Inter-disciplinary | - | refers to two or more disciplines working together |
| Job Description | - | describes the duties and responsibilities of a particular position |
| Manager | - | a generic term which refers to the individual who has the responsibility and authority for the day-to-day operation of the facility |
| Medical Advisor | - | a physician licensed to practice medicine in British Columbia, appointed by the Manager of the facility (in consultation with the Board of Directors where applicable) who is responsible for the general standard of medical care in the facility |
| Mission Statement | - | a clear written statement of the purpose of the organization which focuses the direction and character of its programs and services toward the fulfilment of this purpose; encompasses a statement of philosophy |
| Must | - | indicates a mandatory statement |
| Objective | - | a specific measurable statement of intent which provides guidelines for action |
| Outcome | - | the end result of goal-directed activities |

## GLOSSARY OF TERMS (continued)



| | | |
|---|---|---|
| Personal Care | - | assistance with the performance of personal activities such as bathing, dressing and grooming |
| Philosophy | - | a statement of general beliefs, concepts and attitudes of an individual or group |
| Policy | - | a broad, general statement which guides decision-making and assists personnel to carry out the objectives of the organization |
| Policy and Procedure Manual | - | a reference book which provides written instructions to guide and support staff in their actions and decisions in order to promote safe and consistent performance |
| Practice | - | the customary or usual way of doing something |
| Principle | - | a statement of fundamental assumption; the guiding philosophy |
| Procedure | - | a set of instructions which guide staff actions and establish a uniform manner of performing the work to be accomplished |
| Program | - | a plan of action which leads to the attainment of a goal |
| Qualified | - | having training and experience appropriate to the assigned responsibilities |
| Quality | - | the degree of excellence |
| Quality Assurance | - | the process in which standards are set, deviations from norms are identified and action is taken to ensure achievement of standards; guaranteed excellence, the goal of which is to improve care and the role of which is to monitor care |
| Resident | - | a client living in a residential care facility; or the client as represented by their legal representative |

## GLOSSARY OF TERMS (continued)



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|---|---|---|
| Service Delivery Plan | - | an individualized plan developed by the Continuing Care Division for the coordination and purchase of client services. Factors such as client preference; level of care; appropriateness of available options; availability of family and community support systems, are considered when the client's need for service is assessed. |
| Service Provider | - | the legal entity authorized to provide health care services to clients referred by the Continuing Care Division (i.e., the individual, agency, facility or organization) |
| Shall | - | indicates a mandatory statement |
| Should | - | indicates what ought to be done, as in one's duty or responsibility |
| Standard | - | a statement of the expected quality of performance |
| Staff Member | - | an individual who is directly employed by the facility on a full-time or part-time basis |
| Will | - | indicates a mandatory statement |

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